



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

348-035

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$375		
TOTAL CLAIMS (37 CFR 1.16(c))	13 minus 20 = * 0		x \$ 9 =		OR x \$ 18 =	\$ _____
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 = * 0		x 42 =		OR x 84 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ 140 =		OR + 280 =	
				TOTAL 375	OR TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ 9 =	75.00	OR x \$ 18 =	
Total (37 CFR 1.16(c))	* 23 Minus	** 20	= 3	x 42 =	300.00	OR x 84 =	
Independent (37 CFR 1.16(b))	* 6 Minus	*** 3	= 3	+ 140 =		OR + 280 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADDIT. FEE	375	OR TOTAL ADDIT. FEE	0

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ 9 =	50.00	OR x \$ 18 =	
Total (37 CFR 1.16(c))	* 25 Minus	** 23	= 2	x 42 =	200.00	OR x 84 =	
Independent (37 CFR 1.16(b))	* 8 Minus	*** 6	= 2	+ 140 =		OR + 280 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADDIT. FEE	250	OR TOTAL ADDIT. FEE	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ 9 =		OR x \$ 18 =	
Total (37 CFR 1.16(c))	* Minus	**	=	x 42 =		OR x 84 =	
Independent (37 CFR 1.16(b))	* Minus	***	=	+ 140 =		OR + 280 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADDIT. FEE	0	OR TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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